

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588324

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	0		/			
5	/		/			
6	/		/			
7	2		/			
8	0		/			
9	/		/			
10	/		/			
11	2		/			
12	2		/			
13	/		/			
14	/		/			
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16	/		/			
17	0		/			
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TOTAL IND.	10	↓	10	↓		↓
TOTAL DEP.	11	↔	7	↔		↔
TOTAL CLAIMS	9		17			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		↓
TOTAL DEP.				↔		↔
TOTAL CLAIMS						